

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		3				
14		3				
15		3				
16		1				
17		3				
18		3				
19		1				
20		1				
21		3				
22		④				
23		④				
24		1				
25		1				
26		2				
27		2				
28		2				
29		2				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND		DEP		IND		DEP		IND		DEP	
51			1									
52			1									
53			1									
54			1									
55			3									
56			3									
57			3									
58			1									
59			1									
60			1									
61			1									
62			1									
63			1									
64	1											
65			1									
66			1									
67			3									
68			3									
69			3									
70			3									
71			④									
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
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88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.	←		←		←		←		←		←	
TOTAL DEP.	←		←		←		←		←		←	
TOTAL CLAIMS	←		←		←		←		←		←	

13  
3  
39  
16  
47  
102

3  
102  
105